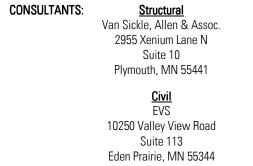


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I hereby certify that this plan, specification or report was prepared by APPROVED: SERVICE LINE DIRECTOR DATE: | APPROVED: INFECTION CONTROL NURSE me or under my direct supervision and that I am a duly licensed Engineer under the laws of the State of Minnesota. Signature Registration No. 11/17/2011

MECHANICAL DETAILS LONG TERM / INTERMEDIATE PSYCHIATRIC UNIT || DM 4801 VETERANS DR. SAINT CLOUD, MN

9 TYPICAL VAV BOX WITH HOT WATER REHEAT COIL DETAIL NOT TO SCALE

REVISION